

UNITED STATES DISTRICT COURT

for the
District of Montana

JUN 20 2019

Clerk, U.S. Courts
District of Montana
Great Falls Division

____ Great Falls ____ Division

Ronald J. Walker

Case No. _____

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jessica Windy Boy, Rocky Boy Health Clinic, and
Chippewa Cree Tribe_____
Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Ronald J. Walker
Street Address	6206 Lower Box Elder RD.,
City and County	Box Elder - Hill
State and Zip Code	Montana - 59521
Telephone Number	(505)377-2276
E-mail Address	ronaldj.walker@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Jessica Windy Boy
Job or Title <i>(if known)</i>	CEO
Street Address	6850 Uper Box Elder RD.,
City and County	Box Elder - Hill
State and Zip Code	Montana - 59521
Telephone Number	(406) 395-4486
E-mail Address <i>(if known)</i>	N/A

Defendant No. 2

Name	Rocky Boy Health Clinic
Job or Title <i>(if known)</i>	Tribal Health Clinic
Street Address	6850 Upper Box Elder RD.,
City and County	Box Elder - Hill
State and Zip Code	Montana - 59521
Telephone Number	(406) 395-4486
E-mail Address <i>(if known)</i>	N/A

Defendant No. 3

Name	Chippewa Cree Tribe
Job or Title <i>(if known)</i>	Tribal Council
Street Address	46 Veterans Park RD.,
City and County	Box Elder - Hill
State and Zip Code	Montana - 59521
Telephone Number	(406) 395-5705
E-mail Address <i>(if known)</i>	N/A

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	Rocky Boy Health Clinic
Street Address	6850 Upper Box Elder RD.,
City and County	Box Elder - Hill
State and Zip Code	Montana - 59521
Telephone Number	(406) 395-4486

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Other federal law *(specify the federal law)*:

Sections 501 and 505 of the Rehabilitation Act



Relevant state law *(specify, if known)*:



Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☐ Termination of my employment.
- ☐ Failure to promote me.
- ☐ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☒ Other acts *(specify)*: Bullying, Intimidation and Harassment.

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)
February 6, 2019 and February 8, 2019.

C. I believe that defendant(s) *(check one)*:

- ☐ is/are still committing these acts against me.
- ☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☐ race
- ☐ color
- ☒ gender/sex Male - Harassment
- ☐ religion
- ☐ national origin
- ☐ age *(year of birth)* (only when asserting a claim of age discrimination.)
- ☐ disability or perceived disability *(specify disability)*

E. The facts of my case are as follows. Attach additional pages if needed.

I occupied a position which were combined positions consisting of a Project Coordinator/Data Manager for the Rocky Boy Health Clinic. This position was not filled full-time for sixteen (16) months until I did in December 2018. Due to the failure to address the issues of the positions, I immediately went to work analyzing, evaluating and developing a strategic plan to address the Zero-Suicide Program. A few weeks earlier, I submitted copies of those plans to my immediate and 2nd line supervisor who worked directly under the CEO. It was obvious my plans were not shared with the CEO. On February 6, 2019, the CEO attended a meeting at the conclusion that I was facilitating with a Zero-Suicide Response Team. During this meeting I was asked a question, if the Mental Health staff were sent the Email date of the meeting and Agenda. I said, yes. A participant spoke up and said, yes everyone got a copy. From this meeting

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

March 16, 2019. Ronald Walker v. Rocky Boy Health Clinic, Charge No. 551-2019-01226

- B. The Equal Employment Opportunity Commission (check one):

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on (date) 03/23/2019

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Salary Lost = (3,200 hours x 20 months x 25.00 per hour = \$80,000) for salary for remainder of the Zero-Suicide Grants Funding Program. I was committed to complete this grant period in taking this job. Ms. Windy Boy has denied me the opportunity of gainful employment due to retaliatory actions towards me for no reason. She did not know the facts in what I was doing on the job. I have the documentation and will provide during Discovery. - Punitive Damages = \$40,000 Pain and Suffering. I am requesting a punitive award compensation for harms due to mental suffering, wounded dignity, and injured feelings for egregious misconduct by the establishment. - Exemplary Damages = \$20,000 = for Irreparable harm to my professional reputation. The action of the CEO; Legal Representative of Clinic; Deputy Managers of the Health Clinic and Health Board of the Tribe need to stop this type of Management Style. It is detrimental to the organization and to employees of the Medical Unit.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 06/14/2019

Signature of Plaintiff

Printed Name of Plaintiff

Ronald J. Walker

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address